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CONFIRMATION NO. 4193

<b>SERIAL NUMBER</b> 10/802,964	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 224	<b>GROUP ART UNIT</b> 3782	<b>ATTORNEY DOCKET NO.</b> TJIO 101	
<b>APPLICANTS</b> Timothy Jon Smith, Bothell, WA; Ib R. Odderson, Kirkland, WA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/456,017 03/18/2003 <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DEAN A. CRAINE, P.S. STE 140 400 - 112TH AVE NE BELLEVUE, WA98004					
<b>TITLE</b> Sanitary hairdresser implement holder					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		